

STATE BOARD of BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
MEETING MINUTES
July 25-26, 2011
Richmond

Monday, July 25th House Room 3, State Capitol	Tuesday, July 26th VBPD, 7 th Floor, Washington Building
I. Biennial Planning Retreat, p.1	II. Committee Meetings a. Planning and Budget, p.7 b. Policy and Evaluation, p.16
	III. Regular Meeting, p.18

Monday July 25th

PART I BIENNIAL PLANNING RETREAT

Members Present: Ruth G. Jarvis **Vice Chair***, Gretta Doering, Andrew Goddard, Cheryl Ivey Green*, Joseph M. Guzman, Jennifer M. Little, Bonnie Neighbour, and Ananda K. Pandurangi.

Members Absent: Daniel E. Karnes, **Chair.***
**Note: An election of officers was held on July 26th and Ms. Jarvis assumed the role of Chair, Ms. Ivey Green that of Vice Chair.*

Staff: Charline Davidson, Director, Office of Planning and Development
Paul Gilding, Director, Office of Community Contracting
Cindy Gwinn, Community Resource Manager - Autism Spectrum Disorder Specialist, Office of Developmental Services
John Pezzoli, Assistant Commissioner, Behavioral Health Services
Les Saltzberg, Director, Office of Licensing
Michael Shank, Director, Community Support Services, Office of Behavioral Health Services
James W. Stewart, III, Commissioner
Rebecca V. Stredny, Forensic-Clinical Specialist, Office of Forensic Services
Ruth Anne Walker, Director, Office of Legislative Affairs
Joy Yeh, Assistant Commissioner, Finance

Others: None.

LUNCH: *Board members had lunch before proceeding with the day's agenda.*

Call to Order: At 12:40 p.m. Ruth Jarvis, Vice Chair, convened the planning retreat, welcomed those present and asked for introductions.

Opening Statement: At 12:45 p.m. Jim Stewart reviewed the department's strategic planning process started in March 2010, *Creating Opportunities*. Planning teams, involving over 200 people total, were appointed to

assist DBHDS in identifying strategic initiatives for the Commonwealth's behavioral health and developmental services system. Twelve initiatives were selected from the recommendations that focus on the following areas:

1. Behavioral Health Emergency Response Services
2. Peer Services and Supports
3. Substance Abuse Treatment Services
4. Effectiveness/Efficiency of State Hospital Services
5. Child and Adolescent Mental Health Services
6. Developmental Services and Supports Community Capacity
7. Autism Spectrum Disorders/ Developmental Disabilities
8. Housing
9. Employment
10. Case Management
11. DBHDS Electronic Health Record (EHR) and Health Information Exchange (HIE)
12. Sexually Violent Predator (SVP) Service Capacity

Mr. Stewart stated that he and staff would review with the board members the 12 priorities and actions needed to enable DBHDS to 1) build on and continue progress in advancing the DBHDS vision, 2) support the Governor's expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, and 3) promote services system efficiencies in a manner that is effective and responsive to the needs of individuals receiving services and their families.

Mr. Stewart's goal was for the board to have a thorough understanding of the action steps. His hope was that the board would endorse the plan, its goals and action steps.

**Review and Discussion
of Status of Planning
and Implementation:**

At 12:53 p.m. Mr. Stewart asked John Pezzoli to walk through the Behavioral Health section of the report. During Mr. Pezzoli's review, questions and comments from members included the following topics: the 'local' inpatient purchase of services (LIPOS) beds, the Crisis Intervention Team (CIT) conference this fall, crisis stabilization units (CSUs), prioritizing within the list of 12 priorities, the growth in peer services, discharge planning for individuals receiving services in state hospitals, housing, and parent and caregiver guidance with children's services.

Mr. Stewart reviewed the five priorities for the Developmental Services system. Cindy Gwinn provided information on the Day Support waiver and possible changes, as well as Autism Services. Michael Shank reviewed the recommendations in the report on Housing and Employment.

During this review, questions and comments from members included

the following topics: why Medicaid waivers are changing, whether Virginia would ever reach a point when all individuals needing services would receive them, how data can be collected in a meaningful way on housing when services vary so much across community services boards (CSBs), whether volunteer opportunities are pursued when the current job shortage may mean a longer time to find employment, how involved the Department of Rehabilitative Services (DRS) is with employment for individuals with developmental disabilities, and the volume of paperwork case managers must handle on top of their main duties.

Mr. Stewart ended the detailed review of the strategic initiatives and action steps in the report with an update on Electronic Health Records and the Sexually Violent Predator program/Virginia Center for Behavioral Rehabilitation.

He concluded that the outcomes achieved by implementation of *Creating Opportunities* will lead to a more effective and efficient system of services and supports that provides the greatest opportunity for those with mental illness, substance-use disorders, or developmental disabilities and their families across the Commonwealth.

**Annual Quality
Measures Update:**

Les Saltzberg, Acting Assistant Commissioner for Quality Management and Development and Director of Licensure, provided the Board with its annual update on Quality Measures. He handed out preliminary data on several possible quality improvement measures: PACT, employment, engagement in treatment, and consumer satisfaction. He stated that the department, along with CSBs, is basing the development of quality improvement measures on six principles that are intended to use data to drive positive change.

The six principles are:

1. Meaningful outcomes focused on Creating Opportunities initiatives.
2. Actionable data, providing data in a timely manner, at least quarterly
3. Present the data clearly, simply, and in context.
4. Start with a limited number of measures, 5 or 6. Start with data already being collected.
5. Design a system of collection that closes the loop, use the data to improve services.

BREAK

At 2:55, Ms. Jarvis called for a 15 minute break.

Board Response: At 3:10 p.m. the board provided comment to the commissioner on the

information received on the *Creating Opportunities* plan. During this review, questions and comments from members included the following topics: that 7 of the 12 initiatives would require additional resources, whether there would be funding for psychiatrists, where Governor McDonnell's budget priorities will lie, and praise for the improved effectiveness and efficiency of state hospitals in just one year.

Members concurred (*withholding formal action until Tuesday's Regular Meeting*) to develop and send a letter to the Governor and Secretary of Health and Human Resources stating that the Board endorses the package of priorities in the *Creating Opportunities* plan. The communication would include a statement emphasizing the needs of this services system as a priority within the entire state budget.

Other Business: Ruth Anne Walker provided a list of proposed Board meeting dates for 2012, stated the schedule for review of a draft annual Board Executive Summary, and provided a copy of the Bylaws so that members could review the nomination procedures for the annual officer elections the next day.

Adjournment: There being no further business, the Vice Chair adjourned the Biennial Planning Retreat.

Respectfully Submitted:

Ruth Jarvis, Vice Chair*

Ruth Anne Walker, Director, Legislative Affairs

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MINUTES
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

II a. Planning and Budget Committee

July 26, 2011

Richmond, Virginia

July 26, 2011

Richmond, Virginia

Members Present: Daniel E. Karnes, Cheryl Ivey Green, Joseph M. Guzman, Ph.D. and Jennifer M. Little
Staff Present: Charline Davidson, Linda Grasewicz, and Joy Yeh
Call to Order: The meeting was called to order at 9:00 a.m.

Planning and Budget Committee Meeting Minutes 4/27/2011

Committee members reviewed and moved to accept the minutes without objection.

Comprehensive State Plan 2012-2018 Update

Charline Davidson described activities that are underway to update the Comprehensive State Plan 2012-2018. The draft plan will be provided to the Board before its October meeting. At that meeting, the committee and staff will finalize the public hearing schedule and identify members who will represent the Board at the public hearing sites. The final revised plan and summary of public comments will be provided to the full Board for consideration at its December 2011 meeting.

The plan update will be based on the Creating Opportunities strategic initiatives and will incorporate the implementation strategies discussed by the Board at its July 25 planning session. Because the statutory requirement is for a comprehensive plan, the plan update also will include several additional Department focus areas such as substance abuse prevention, quality improvement measures, and state facility capital outlay priorities.

The plan update will include a behavioral health and developmental services system overview that includes characteristics and service utilization statistics and trends. Prevalence estimates for populations served and descriptors of service needs also will be included.

Linda Grasewicz distributed and discussed the attached handout *Profile of Individuals Served by Virginia's Public Behavioral Health and Developmental System*. During the Committee discussion, Dr. Guzman referenced the significant increase in Virginia's Hispanic population during the past decade. Ms. Little spoke to the importance of "bridge" or transition services for young adults with behavioral health challenges. Ms. Grasewicz said she would revise and redistribute the profile (attached) to correct a calculation formula error and incorporate Dr. Guzman's request to include service recipients' ethnic characteristics. The revised profile also will specifically identify the number of young adults, ages 18-24, who received services.

Adjourn: The Planning and Budget Committee meeting was adjourned at 9:46 a.m.

➤ Attachment

Profile of Individuals Served by Virginia's Public Behavioral Health and Developmental System

Virginia's public services system includes 39 community services boards and one behavioral health authority (referred to as CSBs) and nine state hospitals, five training centers (one of which provides administration services to a medical center, and a sexually violent predator rehabilitation center that are operated by the Department.

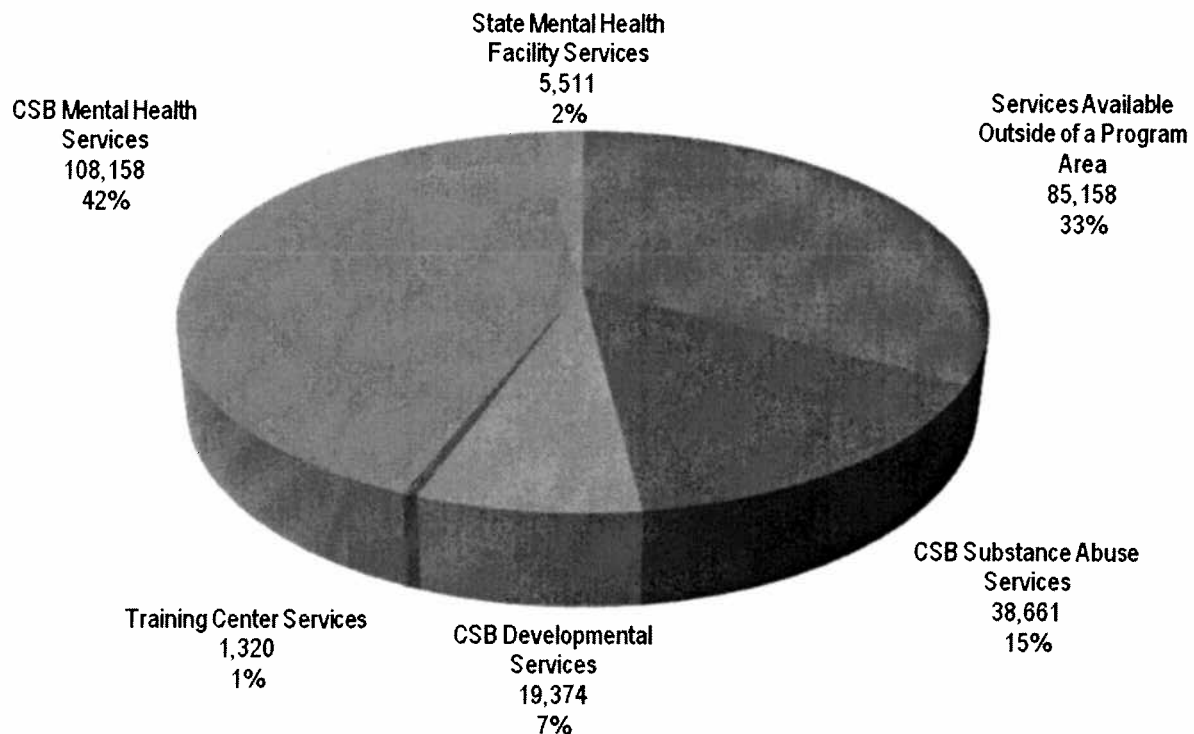
CSBs

- Are the single points of entry into publicly funded behavioral health and developmental services system
- Have responsibility and authority for assessing individual needs, providing an array of services and supports, and managing state-controlled funds for community-based services.
- In FY 2010 an unduplicated total of 194,662 individuals received some type of community-based service from CSBs. CSBs provided:
 - mental health services to 108,158 individuals,
 - developmental services to 19,374 individuals,
 - substance abuse services to 38,661 individuals, and
 - services available outside a program area (e.g., emergency services) to 85,158 individuals
- CSBs still confront waiting lists for services. For the Comprehensive State Plan, CSBs were surveyed to determine the number of individuals they had assessed as needing a behavioral health or a developmental service that they were not able to provide at that time. All CSBs provided point-in-time information on these individuals.
 - From January to April 2011, 14,004 individuals were waiting to receive at least one CSB service.

State Facilities

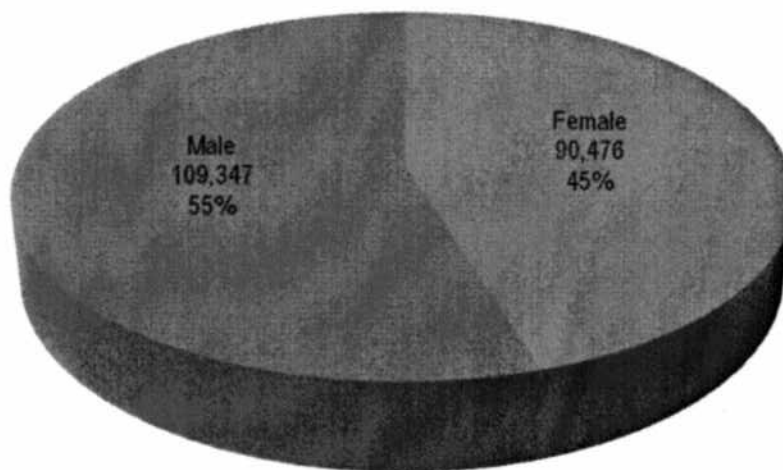
- Provide highly structured intensive inpatient treatment and habilitation services.
- Current operating bed capacities are 1,534 for state hospitals (excluding the Hiram Davis Medical Center, with an operating capacity of 87 beds and the Virginia Center for Behavioral Rehabilitation with an operating capacity of 300 beds) and 1,396 for training centers.
- In FY 2011, state facilities served a total of 6,338 individuals, a 5.8 percent decrease from FY 2010

Individuals Receiving Services From CSBs and State Facilities

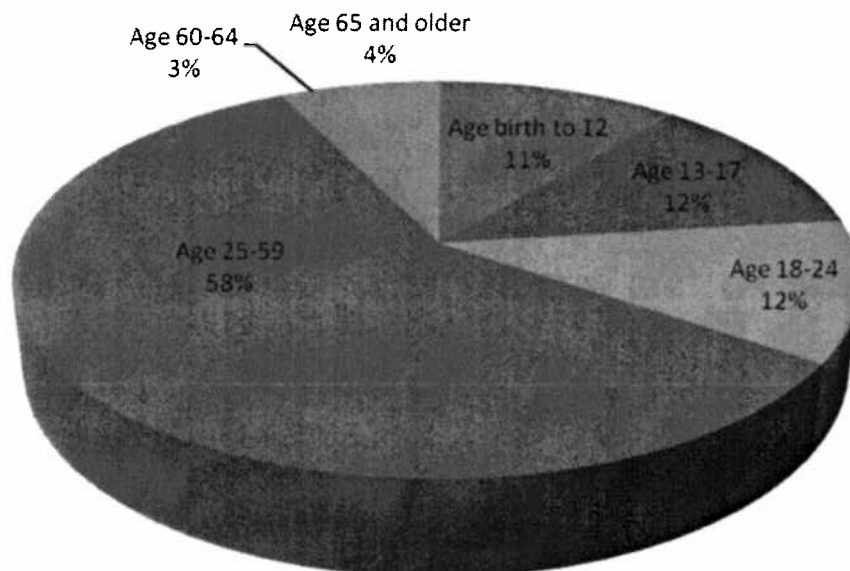


The majority of individuals served in Virginia's public services system are males and are between 25 and 59 years old. While CSBs provide early intervention and other developmental supports for very young children, the youngest individual served at CCCA was more than 5 years old. It is also interesting to note that DBHDS facilities support approximately 3% of the service population, but 8% of the individuals 65 and older receiving services.

The Gender of Individuals Receiving Services

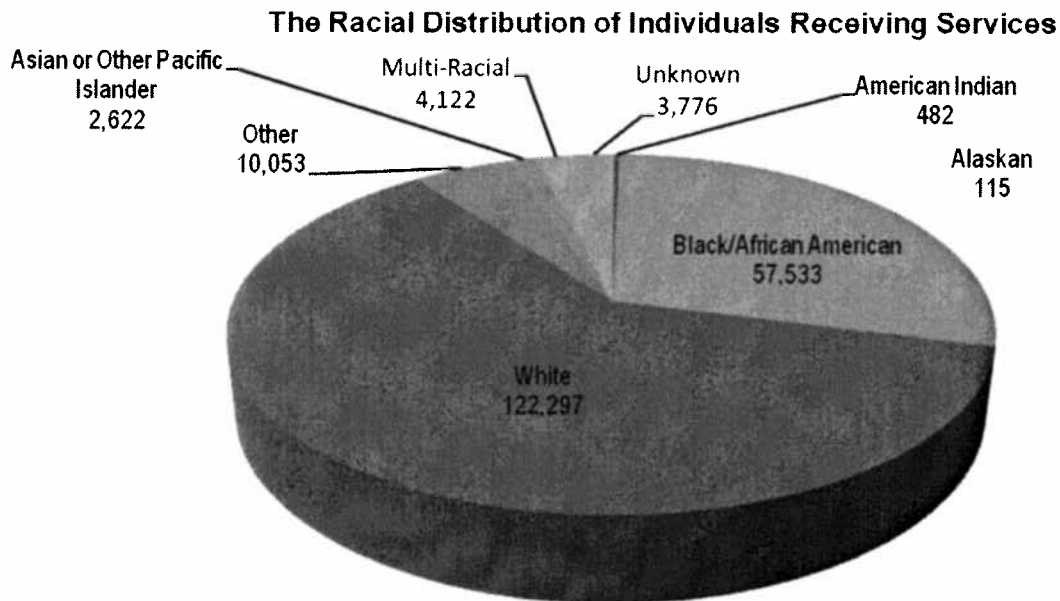


The Age Distribution of Individuals Receiving Services



While the majority of individuals served in Virginia's public services system are white, the racial diversity of the population served by CSBs is more expansive than that of the facility population. Seven percent of the population served by CSBs is classified as Other Racial or Multi-Racial versus 2.5% of the population served in state facilities. The second most prevalent racial category is Black, which constituted one-third of the population (33%) served at state facilities and 28% of the population served at CSBs.

The number and percentage of individuals served who are identifies as being of Hispanic origin is also higher in the community; with CSBs serving 10,844 (5.6%) individuals and the facilities serving 162 (2.6%) individuals. According to the 2010 Census, 7.9% of Virginia's population is of Hispanic origin.



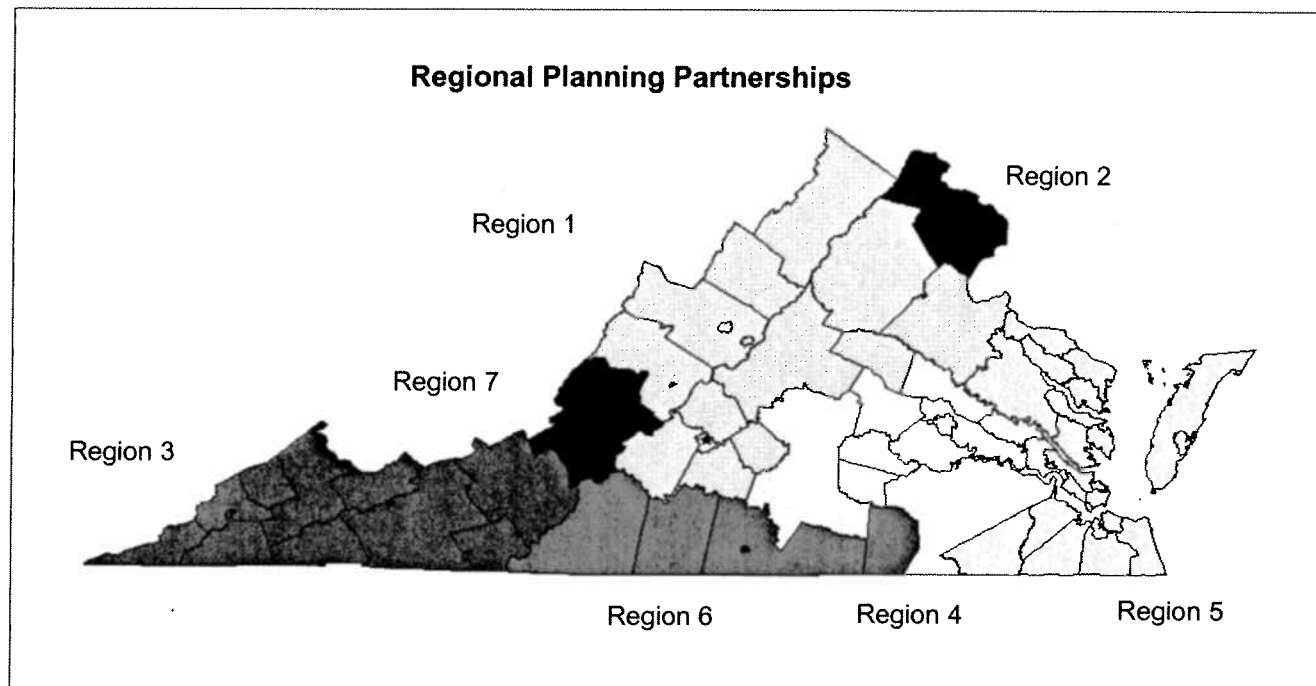
Profile of Anticipated Community Need & Individuals Receiving or Waiting For Services

The following tables summarize the survey results of CSBs unmet needs at a statewide and regional level and compare the anticipated community need (prevalence) with the level of service being provided and the unmet need being experienced for mental health, developmental, and substance abuse services.

Individuals Waiting for CSB Mental Health, Developmental, or Substance Abuse Services

Populations of CSB Waiting Lists	Numbers Who ARE Receiving Some CSB Services	Numbers Who Are NOT Receiving Any CSB Services	Total Numbers on CSB Waiting Lists
CSB Mental Health Waiting List Count			
Adults	3,187	830	4,017
Children and Adolescents (C & A)	1,327	372	1,699
Total Waiting for Mental Health Services	4,514	1,202	5,716
CSB Developmental Waiting List Count			
Adults	3,327	713	4,040
Children and Adolescents (C & A)	1,606	769	2,375
Total Waiting for Developmental Services	4,933	1,482	6,415
CSB Substance Abuse Waiting List Count			
Adults	1,068	704	1,772
Adolescents (Adol.)	55	46	101
Total Waiting for Substance Abuse Services	1,123	750	1,873
Grand Total on All CSB Waiting Lists	10,570	3,434	14,004

The CSBs have been grouped into seven regions. The following map illustrates the specific local jurisdictions that are located in each region.



Comparison of SMI Mental Health Service Need and 2010 Service Levels:

Geographic Region of the State	Population Age 18+ (2010 Census)	Est. Population with SMI (5.4 %)	Individuals with SMI Served	Individuals Waiting for Services
Region 1	1,147,455	61,962	6,362	610
Region 2	1,677,325	90,575	8,429	865
Region 3	467,570	25,250	7,303	775
Region 4	985,727	53,230	6,597	853
Region 5	1,388,141	74,958	10,248	596
Region 6	265,805	14,354	3,068	164
Region 7	215,324	11,628	2,152	154
TOTAL	6,147,347	331,957	44,159	4,017

Comparison of SED Mental Health Service Need and 2010 Service Levels:

Geographic Region of the State	Population Age 9 through 17 (2010 Census)	Est. Population with SED	Individuals with SED Served	Individuals Waiting for Services
Region 1	184,754	12,933	3,659	207
Region 2	257,943	18,056	1,924	244
Region 3	63,628	4,454	4,099	663
Region 4	154,465	10,813	2,333	308
Region 5	216,492	15,154	3,899	143
Region 6	36,301	2,541	1,028	91
Region 7	30,611	2,143	893	43
TOTAL	944,195	66,094	17,835	1,699

Comparison of Developmental Services Need and 2010 Service Levels:

Geographic Region of the State	Population Age 6+ (2010 Census)	Estimated Population with ID	Unduplicated # Served	Individuals Waiting for Services
Region 1	1,381,912	13,819	3,683	948
Region 2	2,037,333	20,373	2,994	1,556
Region 3	544,286	5,443	1,841	459
Region 4	1,186,539	11,865	4,272	1,846
Region 5	1,669,624	16,696	4,646	1,109
Region 6	313,556	3,136	1,082	273
Region 7	255,778	2,558	856	224
TOTAL	7,389,029	73,890	19,374	6,415

Comparison of Substance Abuse Service Need and 2010 Service Levels:

Geographic Region of the State	Population Age 12+ (2010 Census)	Estimated Population with Drug & Alcohol Dependence	Unduplicated # Served	Individuals Waiting for Services
Region 1	1,267,562	69,716	6,327	149
Region 2	1,853,428	99,943	8,146	470
Region 3	506,839	41,931	5,028	256
Region 4	1,088,731	52,054	7,521	717
Region 5	1,531,830	66,687	8,602	197
Region 6	290,491	14,931	1,664	42
Region 7	236,170	12,139	1,373	44
TOTAL	6,775,052	348,238	38,661	1,873

	<u>Facility</u>	<u>Location</u>
1	Catawba Hospital	Catawba
2	Central State Hospital	Petersburg
3	Central VA Training Center	Madison Heights
4	Commonwealth Ctr. for Children & Adolescents	Staunton
5	Eastern State Hospital	Williamsburg
6	Hiram W. Davis Medical Center	Petersburg
7	Northern VA MH Institute	Falls Church
8	Northern VA Training Center	Fairfax
9	Piedmont Geriatric Hospital	Burkeville
9a	Behavioral Rehabilitation Center	Burkeville
10	Southeastern VA Training Center	Chesapeake
11	Southern VA Mental Health Institute	Danville
12	Southside VA Training Center	Petersburg
13	Southwestern VA MH Institute	Marion
14	Southwestern VA Training Center	Hillsville
15	Western State Hospital	Staunton

Profile of Individuals Receiving Services at DBHDS Facilities

Mental Health Services:

Mental Health Facility	# Individuals Served	# Admissions	# Separations
Eastern State Hospital	410	102	147
Western State Hospital	717	557	558
Central State Hospital	671	483	492
Southwestern VA MHI	802	856	849
Northern VA MHI	836	873	878
Southern VA MHI	336	325	329
Commonwealth Center for Children and Adolescents	644	780	774
Catawba Hospital	341	322	323
Piedmont Geriatric Hospital	177	68	71
Total*	4,779	4,366	4,421

Medical Services:

	# Individuals Served	# Admissions	# Separations
Hiram Davis Medical Center	126	77	76

Behavioral Rehabilitation Services:

	# Individuals Served	# Admissions	# Separations
VCBR	295	80	21

Developmental Services:

Training Center	# Individuals Served	# Admissions	# Separations
Central Virginia TC	417	5	38
Northern Virginia TC	182	51	61
Southeastern Virginia TC	151	19	34
Southside Virginia TC	270	10	29
Southwestern Virginia TC	206	26	31
Total	1,226	111	193

Source: DBHDS AVATAR Information System

*Unduplicated count (unique individuals) by state facility type

TOTAL UNDUPLICATED COUNT OF INDIVIDUALS SERVED ACROSS ALL STATE FACILITIES: 6,338

MINUTES
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

II b. Policy and Evaluation Committee
DRAFT MEETING MINUTES

July 26, 2011

Richmond, Virginia

Members Present: Ruth Jarvis (Chair*), Gretta Doering, Andrew Goddard, and Anand Pandurangi.

Members Absent: None.

Staff Present: Paul Gilding and Ruth Anne Walker.

I. Call to Order

The meeting was called to order at 9:05 a.m. by Ruth Jarvis, Chair.

II. Welcome and Introductions

Ms. Jarvis welcomed everyone to the meeting.

III. Adoption of Minutes, April 27, 2011

Committee members reviewed and approved the minutes for the April meeting.

IV. Final Draft

This policy was posted for final field review from June 15 to July 17, 2011. The committee considered the comments received and the staff recommendation to approve the draft as final.

➤ **Policy 6005 (FIN)94-2 *Retention of Unspent State Funds by Community Services Boards.***

Dr. Guzman requested additional information about the unspent balances principles. Staff agreed to email him information on how to locate these on the Department's web site. He indicated he was ready to vote on the policy recommendation. The committee voted to recommend the policy as amended be adopted by the full Board at Tuesday's meeting.

V. Scheduled Review: Comments from First Field Review and Staff Recommendations

The following policies were distributed for initial field review and comment from June 15 to July 17, 2011. Members considered the comments received, the staff recommendations for action, and provided feedback to staff for next steps with the policies.

1. Policy 2011(ADM)88-3 *Naming of Buildings, Rooms and Other Areas at State Facilities*

➤ Staff Recommendation: Maintain, with edits to streamline.

2. Policy 3000(CO)74-10 *Department Employee Appointments to Community Services Boards*

➤ Staff Recommendation: Maintain, with minor edits.

3. Policy 5006(FAC)86-29 *Razing of Dilapidated Buildings*

➤ Staff Recommendation: Maintain, with edits to streamline.

4. Policy 5008(FAC)87-12 *Accreditation/Certification*

➤ Staff Recommendation: Maintain, with minor edits.

The committee voted to accept the staff recommendations on the above four policies.

- **Policy 7000(INTER)85-4 Department/University and College Relationships**
Staff Recommendation: Rescind.

The committee voted to receive more detailed information at the next meeting on the current status of the relationships covered by this policy, in order to make an informed recommendation to the board the on action it should take on this policy.

VI. Scheduled Review Matrix

Staff will develop revisions for those policies recommended under V. 1-4. for revisions and arrange for a presentation by the Office of Human Resource Management on Policy 7000 for the next committee meeting. If at the next meeting the committee approves the recommended changes, drafts of policies under V. 1-4 will be circulated for field review in October.

VII. Next Steps: *~~October 13~~, 2011

Revised drafts listed in V. will be available for committee review. A report on the need for an Employment First policy will be presented.

**Note: Due to the election of a new Chair and Vice Chair at the Regular Meeting on Tuesday, and the automatic change of the Chair of the Committee per the Board's Bylaws, new Board Vice Chair/new Committee Chair Cheryl Ivey Green requested on Tuesday that the committee hold its next meeting prior to the regular board meeting in October on a date yet to be determined.*

VIII. Adjournment

The next meeting of the committee will be on *~~October 13~~, 2011 in ~~Lynchburg~~ Richmond and by phone.

DBHDS STATE BOARD MEETING MINUTES

Tuesday, July 26, 2011

VBPD, 7th Floor Conference Room
Washington Building
1100 Bank Street
Richmond, VA 23219

Regular Session AGENDA **10:00 a.m.**

Members Present

Ruth G. Jarvis, **Chair***, Cheryl Ivey Green, **Vice Chair**, Daniel E. Karnes, **Former Chair***, Gretta Doering, Andrew Goddard, Joseph Guzman, Jennifer Little, Bonnie Neighbour, Anand Pandurangi
**Note: An election of officers was held on July 26th and Ms. Jarvis assumed the role of Chair, Ms. Ivey Green that of Vice Chair.*

Staff Present

Charline Davidson, Director of Planning and Development, DBHDS
Paul Gilding, Director of Community Contracting, DBHDS
Linda Grasewicz, Assistant Director and Regional Coordinator, Planning and Budget, DBHDS
Kli Kinzie, Executive Secretary, Office of Human Rights
James W. Stewart, III, Commissioner report
Ruth Anne Walker, Director, Office of Legislative Affairs
Margaret Walsh, Director, Office of Human Rights

Others Present

Helen Conley, Member and Art Instructor, Kenmore Club of Central Virginia, Rappahannock Area Community Services Board
Christina Delzingaro, State Human Rights Committee Chairperson
Denita Garthe, Kenmore Club of Central Virginia, Rappahannock Area Community Services Board
Karen Grizzard, First Vice-Chair Virginia Association of Community Services Boards, and Chair, Henrico CSB
John P. Lindstrom, Ph.D., Director of Assessment, Emergency, and Medical Services, Richmond Behavioral Health Authority
Linda Redmond, Evaluation and Policy Manager, Virginia Board for People with Disabilities
Jennifer Smith, Counselor, Rappahannock Area Community Services Board

Call to Order and Introductions

At 10:06 a.m., Daniel Karnes called the July 26, 2011, State Board of Behavioral Health and Developmental Services meeting to order. A call for introductions of members, staff and guests took place prior to proceeding.

Approval of July 26, 2011 Agenda

At 10:08 Jennifer Little noted that Cheryl Ivey Green's name should be stricken from the agenda on item 3, C.

Upon a motion by Andrew Goddard and seconded by Anand Pandurangi the Board unanimously voted to adopt the July 26, 2011 agenda as amended.

Officer Elections

At 10:10 Jennifer Little reported that the nominating committee met and discussed officers for the upcoming term. The Nominating committee recommended Ruth Jarvis for Chair and Cheryl Ivey Green for Vice Chair.

Dan Karnes asked for nominations from the floor. Hearing none Dan Karnes asked for a motion.

Upon a motion by Joseph Guzman and seconded by Andrew Goddard the Board unanimously elected Ruth Jarvis as Chair.

Upon a motion by Joseph Guzman and seconded by Jennifer Little the Board unanimously elected Cheryl Ivey Green as Vice-Chair.

Ruth Jarvis thanked her fellow Board members for their confidence in her, and thanked outgoing Chair Dan Karnes for his past leadership in serving as Chair. Dan Karnes voiced his appreciation and said it has been a pleasure working with his peers on the Board. Ruth Jarvis thanked Cheryl Ivey Green for agreeing to serve as Vice-Chair.

Ruth Anne Walker presented Dan Karnes with a gift and card on behalf of the Board.

At 10: 20 Jennifer Little announced that some people had difficulty passing thru security upon entering the Washington Building. Ruth Anne Walker responded that the difficulty was specific to the individual assigned to the security post and the issue will be addressed with the appropriate parties.

Approval of Draft Minutes

At 10:22 upon a motion by Jennifer Little and seconded by Cheryl Ivey Green the Board approved the minutes of the April 28, 2011 Regular Meeting. The motion carried with one abstention.

Public Comment

At 10:23 Ruth Jarvis called for public comments.

Ms. Helen Conley, Member and Art Instructor for the Kenmore Club of Rappahannock Area CSB (RACSB), talked about the "Art of Recovery" exhibit currently on display. Kenmore Club is a psychosocial clubhouse for adults with severe and persistent mental illness. The "Art of Recovery" show, organized by members of Kenmore Club, features original artwork by adults with mental illness. The show provides a forum for artists living with mental illness to gain confidence in their abilities, challenge mental health stigma, and experience community support.

The RACSB received over 120 submissions and displayed over 70 pieces for the show. Individuals submitted original drawings, paintings, sculpture, textiles, prints, mixed media, and ceramics. Pieces from the travelling exhibit are on display in the Board Room at DBHDS. Helen Conley said it was inspiring to see the show come together and that she hopes the Board will view the show, some pieces of which are available for purchase.

Ruth Anne Walker thanked Helen Conley for coming and thanked Michelle Wagaman, Public Information Officer for RACSB, for her work in setting up the exhibit on display at DBHDS central office.

Ruth Jarvis thanked Helen Conley for coming to the meeting and sharing her comments with the Board.

**Presentation: Richmond
Behavioral Health
Authority**

At 10:25 John P. Lindstrom, Ph.D., Director of Assessment, Emergency, and Medical Services, Richmond Behavioral Health Authority (RBHA) thanked the Board for coming to Richmond. Dr. Lindstrom presented a PowerPoint slideshow on RBHA's expansion, which includes a Residential Crisis Stabilization program. Licensed by DBHDS, the crisis stabilization unit provides a community-based alternative for individuals with mental health and co-occurring disorders in psychiatric distress. Individuals served receive psychiatric evaluation, medication and individualized services.

Bonnie Neighbour asked about the cost of services to persons not covered by Medicaid. Dr. Lindstrom answered that there is no cost to those individuals and went on to say that the focus of the program is on stabilization and respite opportunities. The program issues no forced medication and it does not use seclusion or restraint.

Dr. Lindstrom thanked the Board for having him and wished the Board well as it enters a new year of activities on behalf of the DBHDS.

Anand Pandurangi praised RBHA for development of the new unit and said it was impressive how so much came together in a short span of time. Chairperson Jarvis voiced her praise for the RBHA and John Lindstrom and thanked him for the presentation.

SHRC Annual Report

At 10:45 Christina Delzingaro, Chairperson of the State Human Rights Committee (SHRC), thanked the Board for inviting her to present the 2010 Annual Report of the SHRC. Ms. Delzingaro summarized statistical data for human rights complaints, hearings and appeals. Most human rights complaints and issues are resolved at the local level with the assistance of DBHDS human rights advocates. The advocates work very hard to insure a high level of consumer advocacy system-wide at the local level.

The SHRC strives to overcome various cultural differences to provide a consistent degree of advocacy throughout the Commonwealth across diverse populations needing services. In 2010 the SHRC issued a Bylaws model for the Local Human Rights Committees (LHRCs) to help insure

consistency in the role of the LHRCs in direct connection to human rights and in keeping with the outlines provided in the human rights regulation (12 VAC 35-115-et seq).

The SHRC placed a moratorium on the formation of new LHRCs so the growing number of committees would not become unmanageable by the advocate staff who provide quality assurance and technical support to the LHRCs. In clarifying the role of the LHRC, the SHRC is evaluating program requirements for affiliating with LHRCs and the fees associated with affiliation and administrative support of LHRCs. The SHRC continues to support LHRC membership recruitment, and to foster recovery and self-empowerment of DBHDS consumers.

The SHRC continues to work with the Department to develop a consistent patient funds policy and to overcome extraordinary barriers to discharge from state facilities due to the lack of adequate supports in the community.

The SHRC has again accepted the role of acting as the local committee for the Virginia Center for Behavioral Rehabilitation (VCBR). The number of complaints from residents of VCBR rose significantly due to changes at the facility and the anticipated double-bunking of residents. Jennifer Little voiced concern about double-bunking and rights protections at VCBR.

Anand Pandurangi asked about direct consumer access to the SHRC. The SHRC acts as an appellate body to the LHRCs. Generally, complaint resolution starts at the level of program staff and Director, then to the program's LHRC before going to the SHRC, however, the SHRC can be contacted directly.

Anand Pandurangi asked about uniform human rights training. There are training materials available on the department's web site and human rights advocates provide uniform training for all programs licensed, funded and operated by DBHDS.

Bonnie Neighbour asked about LHRC membership. In its role as an oversight body to the LHRCs, the SHRC is involved in insuring consumer membership and health care providers on LHRCs. The SHRC is tracking membership vacancies and encouraging the merging of LHRCs, as well as investigating possible alternatives in the sharing of mandated positions between LHRCs

Upon a motion by Andy Goddard and seconded by Jennifer Little the Board accepted the submission of the 2010 annual report of the SHRC as presented and in writing.

Gretta Doering commented that as a former member of an LHRC, she commends Margaret Walsh, Human Rights Director, and the human rights advocates for their work on behalf of consumers.

Regulatory Actions

General Matrix Update At 11:19 Linda Grasewicz, Assistant Director, Office of Planning and Development, gave an overview of the regulatory items currently in process.

Petition for Rulemaking from S. Shoon At 11:20 Linda Grasewicz provided background information on seven petitions for rulemaking.

Upon a motion by Andrew Goddard and seconded by Jennifer Little the Board unanimously accepted the department's recommendation to take no action on all seven petitions.

Anand Pandurangi asked if the Commissioner is aware of the recommended action. Linda Grasewicz answered that the Commissioner has been informed of the status and recommendations every step of the way.

Commissioner Report At 11:25 James W. Stewart, III, Commissioner, reported on the status of the Department of Justice case. Any proposed agreement regarding the case will have to be presented to the General Assembly for approval of funds.

Reporting on the implementation of budget initiatives, Commissioner Stewart provided an update on the diversion of people from Eastern State Hospital (ESH). The department is working to prevent new admissions to the hospital and to effect transfers out of the hospital. The department is evaluating the transition to the community in all five health planning regions. The department continues to address the various issues of the SVP (Sexually Violent Predator) program at VCBR, with special focus on the planned double-bunking of residents. The department is also working on expanding the kitchens, etc., to accommodate a larger census.

DBHDS is pursuing a block grant for the dispensation of medications to criminal justice agencies and the community in support of the inmates who are transitioning to the community.

Commissioner Stewart reported on management positions currently in recruitment at the department.

Ruth Jarvis thanked Commissioner Stewart for his thoroughness when informing the Board of the department's activities and for the balance with which the information is given.

Committee Reports

Grant Review At 11:50 Linda Grasewicz reported that since the last Board meeting the department has received one grant that will come before the Grant Committee's review next week.

Jennifer Little asked that the Office of Planning and Budget work to be sure the Board does not implement duplicate requests for grants. Anand Pandurangi asked about the process for writing and co-writing grants with the department. The department has a Departmental Instruction that outlines the process for letters of intent / letters of support for grants that anyone wants to pursue. Charline Davidson said that it really is up to the individual office within the department to identify grant opportunities.

Planning & Budget

At 11:58 Charline Davidson reported that earlier in the morning the Planning and Budget Committee looked at data to be used for the next statutory plan. An updated plan is issued every other year. The main focus for the next statutory plan will be on the Commissioner's Creating Opportunities Initiatives. Linda Grasewicz reported that Joseph Guzman's corrections will be made to the draft document.

Linda Grasewicz reviewed the schedule for adoption of the comprehensive plan. A draft will be ready for review at the October Board meeting. In December the Board will be asked to accept the plan before presentation to the General Assembly.

Jennifer Little asked if this is the appropriate time for review of services provision to children transitioning to adulthood. Ruth Anne Walker suggested that the Planning Committee can meet before the next Board meeting for this review.

Policy Development and Evaluation

At 12:10 Ruth Anne Walker reviewed changes to State Board Policy 6005 (FIN) 94-2, Retention of Unspent State Funds by Community Services Boards. Paul Gilding provided some background on why certain language is being stricken from the text. Joseph Guzman asked to have a copy of the document. The Board discussed how funds are carried forward and how to avoid frivolous expenditures.

Upon a motion by Andrew Goddard and seconded by Anand Pandurangi the Board unanimously adopted the recommendation to approve the revised State Board Policy 6005 (FIN) 94-2, Retention of Unspent State Funds by Community Services Boards, as presented.

At 12:21 Ruth Anne walker reported that the Policy and Evaluation Committee has reviewed Policy 2011 (ADM) 88-3, Naming of Buildings, Rooms and Others at State Facilities; Policy 3000 (CO) 74-10, Department Employee Appointments to Community Services Boards; Policy 5006 (FAC) 86-29, Razing of Dilapidated Buildings; and Policy 5008 (FAC) 87-12, Accreditation/Certification. The committee agreed to maintain these four policies and approved them to go forward with some edits. The Committee recommends staff incorporate edits to the policies and bring them before the Board in October as initial drafts for acceptance.

The Policy and Evaluation Committee also reviewed Policy 7000 (INTER) 85-4, Department/University and College Relationships. The Committee recommends staff gain additional information before presenting to the Board for review and action on this policy.

Upon a motion by Jennifer Little and seconded by Cheryl Ivey Green the Board unanimously accepted the recommendations of the Policy and Evaluation Committee.

Break for Lunch

At 12:28 Ruth Jarvis called for a break.

At 12:55 Ruth Anne Walker requested additions to Miscellaneous Business.

The Board approved a general agreement to add Confirmation of Discussion for the Retreat: a) 2012 Meeting schedule; and b)

Communications on Priorities; and Schedule for Review of the Annual Executive Summary.

Departmental Instructions

At 12:56 Charline Davidson, Director, Office of Planning and Development, presented a PowerPoint slide show on an Overview of DBHDS Departmental Instructions (DIs). There is a wide range of subjects or topic areas covered by the DIs, which varies from very broad areas to very specific operational guidance. The purpose of DIs is to provide a formal structure and consistent process for communicating agency policy and guidance and to promote uniform implementation of procedures across the central office or state facilities, or both. Charline Davidson summarized the process for developing or revising Departmental Instructions.

Jennifer Little asked if the DIs have been revised to update the agency name change. As the DIs come up for revision, the department name is updated.

Ruth Jarvis thanked Charline Davidson for her presentation.

VACSB

At 1:21 Karen Grizzard, First Vice-Chair VACSB and Chair, Henrico CSB, provided an update on activities of the Virginia Association of Community Services Boards. Ms. Grizzard took a few minutes to talk about how she became involved in the volunteer work of the CSB, and then reviewed the VACSB 2012 – 14 Budget Priorities. The VACSB funds services that support consumer choice, recovery and independence through quality care and flexible, integrated services.

The VACSB Public Policy Committee recommends funding priorities for children and families and requests that DBHDS make available funding needed for DMAS to increase reimbursement for early intervention targeted case management. The VACSB also requests that the Department develop a plan by November 2012 to sustain funding and infrastructure to Part C early intervention supports for infants and toddlers. Funds are requested for the prevention of high-risk behavior among youth and to provide behavioral health services for youth.

The Children's Council requests an Autism Spectrum Disorder (ASD) initiative to develop a workforce to provide ASD training for CSBs. The initiative would train staff to provide services to those with ASD as well as educate families how to access non-school based specialized mental health services and supports. VACSB also requests funding for developmental services and supports for families of people with intellectual disabilities and for people with substance abuse disorders, as well as mental health supports for adults.

The VACSB will host a conference on Coordinated and Integrated Healthcare in Richmond on August 18 and 19, 2011. The conference will highlight healthcare integration, substance abuse disorders and primary healthcare integration, and workshops on financing healthcare integration.

Jennifer Little asked about finding and identifying those people who need Part C Services. Ruth Anne Walker commented that Commissioner Stewart is currently recruiting for a Part C Administrator for DBHDS. Anand Pandurangi asked about the managed care aspect of providing supports. Paul Gilding said the department is working on crafting a

proposal to shift the focus from managed care to community supports. At this time models are changing and everything is in a state of flux.

Miscellaneous

At 1:38 the Board discussed the availability of funds for Board members to attend trainings and conferences.

At 1:42 Jennifer Little commented that she thinks the Board still has a lot of work to do in connecting crisis services with the CSBs. She described a recent situation and said there is a disconnect in dealing with the criminal justice system, especially for people with mental illness. Anand Pandurangi said that from a system perspective the services system and the justice system is not continuous. People continuously fall thru the cracks and there is a serious need for this to be addressed.

Board Liaison Reports

At 1:45 Dan Karnes reported that he continues to attend meetings of the Catawba Partnership. The partnership works very closely with private hospitals to improve services delivery and facilitate the transitioning from facilities to the community.

Joseph Guzman reported that during the sub-committee meeting, it was noted that Hispanics are not included in the demographics under review. He suggested that information on the Hispanic community should be tracked along with the others.

Ruth Jarvis attended two Chesapeake CSB meetings. She participated in a dialog concerning the removal of consumers from Southeastern Virginia Training Center. Now that some of the community buildings are going up, families are witnessing how well the system is working and they have gained confidence in the department's moving of consumers to community supported arrangements.

Ruth Jarvis has attempted to contact Western Tidewater CSB about attending their meetings but has not had a response from them. Staff will try to establish contact with them.

Additions to the Agenda

The Board approved the additions to the agenda: Confirmation of Discussion for the Retreat a) 2012 Meeting schedule and b) Communications on Priorities; and Schedule for Review of the Annual Executive Summary.

Quarterly Budget Report

At 2:00 Ruth Anne Walker reported that the Quarterly Budget Report is provided in the packet for information. Paul Gilding commented on yearly appropriations.

Ruth Jarvis asked about funds for Board members to attend training and workshops. Board members can work with staff to submit travel reimbursement vouchers for travel associated with liaison activities.

Other Business & Adjournment

At 2:12 upon a motion by Jennifer Little and seconded by Bonnie Neighbour the Board unanimously accepted the recommendation in support of Commissioner Stewart's Creating Opportunities Plan.

At 2:15 Ruth Anne Walker discussed the proposed 2012 meeting schedule with the Board.

Upon a motion by Jennifer Little and seconded by Andrew Goddard the Board unanimously adopted the 2012 meeting schedule as discussed.

At 2:22 Ruth Anne Walker reviewed the Annual Executive Summary with the Board. A draft will be provided in October for review and approval at the December meeting.

Upon a motion by Cheryl Ivey Green and seconded by Jennifer Little, having no further business to discuss, the July 26, 2011 BDHDS State Board meeting adjourned at 2:24.

Respectfully Submitted:

Ruth G. Jarvis, Chair*

Kli Kinzie, Secretary

**Note: An election of officers was held on July 26th and Ms. Jarvis assumed the role of Chair, Ms. Ivey Green that of Vice Chair.*